University Department of Commerce and Business Management
Ranchi University, Ranchi

Synopsis for Ph.D. registration

on

Financial performance and Services Quality Analysis of State owned Hospitals of Jharkhand: A case study of Bokaro District

Guided and supervised by

Dr. K.A.N Shahdeo

Associate Professor

Department of Commerce and Business Studies

Marwari College, Ranchi,

Ranchi University, Ranchi

Submitted by-

Muskan Kumari

(Research Scholar)

INTRODUCTION

Health care is categorized as a basic human need.

According to Article 39(E) of the Indian Constitution, the State is required to protect the health of its employees; Article 42 mandates fair and humane working conditions and maternity leave;and Article 47 imposes obligations on the State to enhance public health, raise living standards,and improve nutrition[1]. It is the state's duty to ensure that these facilities are easily accessible and come at a reasonable cost.
The nature of service is intangible. As a result, it is widely believed that services are challenging to quantify.Because health care services are provided by individuals, they are diverse in character and rely on the attitudes, situations,behaviors, and surroundings of both the service provider and the service recipient;Physicians treat the same ailment in different ways, and patients have different opinions about the same expert.

Particularly in developing countries, where a sizable portion of the population resides in rural areas, they are more susceptible to illness for a variety of reasons, including insufficient nutrition, unsanitary living circumstances, and a lack of education. They do not have easy access to better medical facilities or the cities. It is broadly believed that State owned region hospitals are generally taken into consideration negative providers,mismanaged, and politicized units. There is a loss of country owned accept as true with and self belief in authorities' hospitals in phrases of excellent offerings furnished at their cease because of inadequate infrastructure facilities, loss of responsiveness, low reliability, and shortage of empathy, obsolescent equipment, and minimum drug treatments availability.

State-owned hospitals play a vital role in health care systems around the world, providing essential medical services to a broad range of patients. However, these institutions face a Unique challenge: balancing the need for financial performance with the delivery of high-quality care. This balancing act is complex and often presents conflicting priorities.

On the one hand, state-owned hospitals are accountable for their financial well-being. They must operate efficiently, manage resources effectively, and strive for financial sustainability. This is often measured through metrics like revenue, expenses, profit margins, and return on investment (ROI). Financial stability allows these hospitals to invest in cutting-edge equipment, maintain their facilities, and attract and retain highly qualified staff–all of which contribute to better patient care.

---

1. Constitution of India bharat
https://en.Wikipedia.org/wiki/Constitution_of_India
sansad.nic.in]

On the other hand, the core function of any hospital is to provide exceptional service and improve patient outcomes. Here, service quality takes center stage .It encompasses factors like patient satisfaction, clinical effectiveness, adherence to safety protocols,and accreditation standards. State-owned hospitals constantly strive to deliver high-quality care while ensuring patient well-being and positive experiences. This interplay between financial performance and service quality is what makes managing state-owned hospitals so intricate. While there can be a positive correlation – financially healthy hospitals often deliver better care– there's also the risk of trade-offs. Focusing solely on financial metrics might lead to cost-cutting measures that compromise staffing levels, resource allocation, or even the quality of treatment itself.

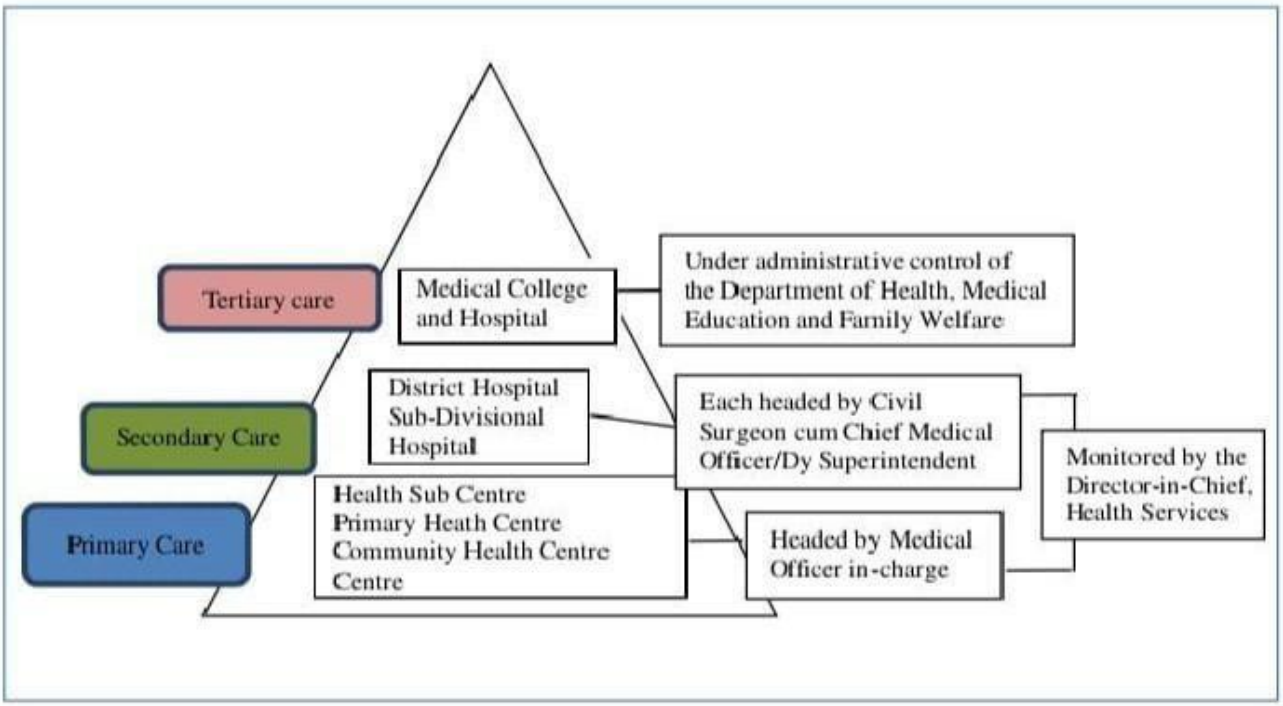
Understanding this complex relationship is crucial for policymakers, hospital administrators, and healthcare professionals alike. This analysis will delve deeper into the factors influencing both financial performance and service quality in state- owned hospitals. We will explore the potential synergies and trade- offs between these two objectives, and discuss strategies to achieve a sustainable balance that prioritizes both financial stability and high-quality patient care.

The attention of India's National Health Policy 2017 is to bolster the trust of the not unusual place guy with inside the public healthcare machine with the aid of using making it predictable, efficient, patient-centric, low priced and effective, with a complete package deal of products and services that meet the immediate healthcare desires of the people. At the worldwide level, the Sustainable Development Agenda objectives to make sure wholesome lives and sell well-being for all with the aid of using 2030 as in step with the Sustainable Development Goal (SDG) 3. In Jharkhand, a three-tier fitness care machine viz, number one, secondary and tertiary became envisaged to offer best hospital treatment offerings to the people of the State as depicted in Chart below:

Chart: Public Healthcare Facilities in Jharkhand Patients requiring greater severe fitness care interest are noted the second-tier fitness care machine. In tertiary fitness care machine, specialized consultative care is supplied with the aid of using the clinical faculties and superior clinical studies institutes upon referral from number one or secondary fitness care units[2].

2. Report No. 3 of 2021 - Report of the C&AG on District Hospital Outcomes in Jharkhand for the year ended 31 March 2019 page no.9

Chart: Public Healthcare Facilities in Jharkhand


Tertiary care
Medical College and Hospital
Under administrative control of the Department of Health, Medical Education and Family Welfare
Secondary Care
District Hospital Sub-Divisional Hospital
Each headed by Civil Surgeon cum Chief Medical Officer/Dy Superintendent
Monitored by the Director-in-Chief, Health Services
Primary Care
Health Sub Centre
Primary Heath Centre
Community Health Centre
Centre
Headed by Medical Officer in-charge

Health signs in Jharkhand

As according to Health and Family Welfare Statistics in India for the 12 months 2019-20 posted with the aid of using the Ministry of Health and Family Welfare, Government of India, a few critical fitness signs of Jharkhand vis-a-vis India are proven in Table[3]

Table: Performance in Health Indicators

Sl. No.	Health Indicator	Jharkhand		India	
		2015[5]	2017	2015	2017
1	Maternal Mortality Ratio (MMR) (*per* lakh live births)	165	165	130	122
2	Infant Mortality Rate (IMR) (*per* 1000 live births)	32	29	37	33
3	Neonatal Mortality Rate	23	20	25	23
4	Stillbirth Rate	1	1	4	5
5	Under 5 Mortality Rate (*per* 1000 live births)	39	34	43	37
6	Institutional Deliveries (as *per cent* of total deliveries)	81.34	90.48	88.9	90.37

Source: Health and Family Welfare Statistics in India 2019-20 published by GOI

3. Report No. 3 of 2021 - Report of the C&AG on District Hospital Outcomes in Jharkhand for the year ended 31 March 2019 page no.10

Financial performance of state-owned district hospital

1. Funding of District Hospitals

The State affords finances for the fitness centers beneath Grant No. 20 comprising of 4 Major Heads of Accounts viz., 2210 (Medical and Public Health), 4210 (Capital Outlay on Medical and Public Health), 2211 (Family Welfare) and 2251 (Secretariat- Social Services). Funds for DHs are supplied beneath Major Head 2210. Apart from the State budget, DHs also get monetary help beneath NHM with corresponding proportion of the State Government. Funds supplied to the DHs aren't proven one at a time in the State Budget and are clubbed collectively with finances supplied to different fitness centers of the State. Hence, Audit couldn't segregate the general finances allotted to the DHs and expenditure there against. Similarly, Audit could now no longer investigate the quantum of NHM finances launched to DHs and expenditures[4]

Table: Allocation and expenditure from the state budget

(₹ in crore)

Year	Allocation	Expenditure	Savings (percentage)
2014-15	2,708.66	1,608.50	1,100.16 (41)
2015-16	3,303.85	2,158.50	1,145.35 (35)
2016-17	3,397.71	2,468.93	928.78 (27)
2017-18	4,044.15	2,847.18	1,196.97 (30)
2018-19	4,349.89	3,382.55	967.34 (22)
Total	**17,804.26**	**12,465.66**	**5,338.60 (30)**

(Source: Appropriation Accounts of respective years)

2 National Health Mission

GOI launched budget beneath NHM primarily based totally at the accredited State programme Implementation Plan (SPIP). SPIP blanketed District Resource Envelope (DRE) displaying fund provision for fitness facilities/programmes in a district with out factoring with inside the the hospital-clever necessities such as DHs.Receipt and utilization of budget beneath NHM for the duration of 2014-19 is proven in Table[5]

Table: Receipt and utilization of budget beneath neath NHM

(₹ in crore)

Year	Opening balance	Receipt during the year	Total funds available during the year	Expenditure (percentage)	Closing balance
2014-15	18.86	849.49	868.35	361.79 (42)	506.56
2015-16	506.56	513.68	1,020.24	486.79 (48)	533.45
2016-17	533.45	500.68	1,034.13	520.75 (50)	513.38
2017-18	513.38	850.00	1,363.38	609.92 (45)	753.46
2018-19	753.46	677.08	1,430.54	862.57 (60)	567.97

(Source: Information provided by the State Health Society)

3. Funding for District Hospitals

Allotment and expenditure from State finances at some stage in 2014-19 to the six test checked DHs are designated in Table[6].

Table: Allotment and expenditure in six test-checked DHs

(₹ in crore)

Year	Allotment	Expenditure	Savings
2014-15	20.43	20.12	0.31
2015-16	24.88	24.31	0.57
2016-17	42.27	39.14	3.13
2017-18	37.73	36.29	1.44
2018-19	48.08	41.75	6.33
Total	**173.39**	**161.61**	**11.78**

(Source: Information obtained from six test-checked DHs)

4. Report No. 3 of 2021 - Report of the C&AG on District Hospital Outcomes in Jharkhand for the year ended 31 March 2019 page no. 14
5. Report No. 3 of 2021 - Report of the C&AG on District Hospital Outcomes in Jharkhand for the year ended 31 March 2019 page no. 15
6. Report No. 3 of 2021 - Report of the C&AG on District Hospital Outcomes in Jharkhand for the year ended 31 March 2019 page no.16

Service quality analysis in state owned district hospitals

Evaluating the service quality of state-owned hospitals is crucial for assessing the general affected person experience, effectiveness of care delivery, and adherence to healthcare standards. Service first-class in hospitals encompasses diverse elements along with get entry to care, affected person safety, responsiveness of staff, communication, cleanliness, ready times, and affected person pleasure. Measuring carrier first-class regularly entails amassing remarks from sufferers via surveys, tracking medical consequences, assessing compliance with protocols and guidelines, and studying overall performance signs associated with carrier delivery. By that specialize in improving carrier first-class, state-owned hospitals can enhance affected person consequences, growth pleasure levels, and toughen their recognition inside the community, in the end main to higher healthcare consequences for people and groups serviced.

Furthermore, this segment will discover the particular demanding situations confronted through state-owned hospitals in preserving excessive carrier excellent. Issues like useful resource limitations, staffing shortages, and ability stress to prioritize monetary dreams over affected person desires can be examined. We'll additionally examine the effect of carrier excellent on affected person outcomes, public perception, and ultimately, the hospital's capacity to draw and maintain patients. By exploring the complexities of carrier excellent in state-owned hospitals, this segment targets to shed mild at the exceptional practices and techniques hired to make sure outstanding affected person care. We'll study how those establishments can navigate demanding situations and try for non-stop development in the excellent of offerings they deliver.

Hospital Services

Health offerings furnished via way of means of DHs can extensively be divided into four classes viz., Resource management, Clinical offerings, Support offerings and Auxiliary offerings. Adequacy and performance of Clinical, Support and Auxiliary offerings in hospitals effect the exceptional of hospital treatment furnished and the extent of patient pleasure achieved. Inadequacy and inefficiency of those offerings have been a rely of situation in numerous hospitals with inside the State. The document has been dependent on the idea of numerous offerings and resources to be had in a hospital. The audit findings beneath the subject matters have been stated in seven chapters as follows[7]:

Out Patient (OPD) Services;
In-Patient (IPD) Services;
Diagnostic Services;
Building Infrastructure.
Maternity Services;
Infection Control;

7. Report No. 3 of 2021 - Report of the C&AG on District Hospital Outcomes in Jharkhand for the year ended 31 March 2019

REVIEW OF LITERATURE

Bhat Ramesh & Jain Naresh (2006) analyses financial performance of private hospitals. The study is based on financial statement data of private hospitals for the years 1999 to 2004. Using 25 key financial ratios, the study finds six key financial dimensions. These are: fixed assets age, current assets efficiency, operating efficiency, financial structure, surplus/profit appropriation, and financial profitability/operating cost ratio. The finding suggest that the total amount of debt is not high; it is the cost of debt and ability to service the debt which is making debt burden high for hospitals. The financial risks in this sector are high because of lower profitability and lower operating efficiencies. We discuss the implications of the results.

Abro Zahida, Jalbani Amanat Ali (2012) the study concludes that patients of Civil Hospital are satisfied but the level of satisfaction does not seem very high. The social-economic analysis of the patients suggested that, female patients are more satisfied as compared to male patients. However, gender, age and educational status make no difference in terms of overall patients satisfaction. Majority of the patients approaching Civil Hospital are found uneducated, poor and middle aged. Patients having this background are considered vulnerable part of the society. They require support to fulfill their needs especially medical emergencies, in this connection little help and attention makes them happy and satisfied.

Chakraborty Ranajit, Majumdar Anirban (2013) in the present economic scenario,the living standard of general people in India has been increasing. With the increase of standard of living, the demand for quality healthcare service is also increasing amongst the general people of India. Therefore, in the present situation all kind of healthcare units has the first and foremost objective to improve their quality standard to ensure patient satisfaction. For all those healthcare units, it is also important to measure the patient satisfaction based on their quality features. SERVQUAL is a well-known instrument to measure customer satisfaction .

Havva Çaha (2010) found Patients preferred private hospitals due to their belief that private hospitals provide qualitative health service in Turkey. But this did not mean that they encounter sufficient services. On the contrary, a large number of patients complain about services given by private hospitals. The complaints were mainly about the length of the time that they wait for treatment and the consultation time given to them. As a result, this study indicated that satisfaction of the patients seems to be the most important factor for the private health care provider.

---

8 Bhat, R., & Jain, N. (2006). Financial performance analysis of private hospitals. The Journal of Hospital Administration, 31(1), 1-18

9 Abro, Z., & Jalbani, A. A. (2012). Health Care Facilities And Patients Satisfaction: A Case Study Of Civil Hospital Karachi. Journal Of Contemporary Research In Business, Vol. 4 No. 1 May, pp: 781-782

10. chakraborty Dr. Rana Ranjit, Majumdar Anirban(2013), ―Identifications of dimensions for measuring service quality of health care in west Bengal‖, International journal of advance research in computer science and management studies, research paper, December 2013.

11. Çaha, H. (2010). The satisfaction of patients in private hospitals in Turkey. [unpublished manuscript]

Irfan M.A. & Ijaz A. (2011) the poor quality of healthcare services delivered to patients by state owned hospitals as compare to the private hospitals are due to the many factors. These factors include: government funding, lack of government interest in development of new healthcare projects rural areas and overburdened state-owned hospitals due to rapid growth in population and people trends to move from rural areas to major cities. These factors are affecting the service quality of State owned hospitals. Results showed that in state owned hospitals, doctors, nurses and supporting staff are not taking pain to attend the patient or to provide individual care to the patients, take care of clean lines,and sterilization of equipment, lack of feedback mechanism showed a low commitment level towards their responsibilities.

Brahmbhatt Mamta, Baser Narayan & Joshi Nisarg (2011) hospital administrations need to gather systematic feedback from their patients and to establish visible and transparent complaint procedures so that patients complaints can be addressed effectively and efficiently. Most customers are reluctant to make their needs and expectations explicit, including their complaints, although the opportunity to do so is clearly provided in order to promote healing environment.

Sudhakar k. francis, rao M. kameshwar Rao (2012) health care leaders once felt that marketing was only for other industries or had extremely limited use in healthcare. Today, however, health care marketing is viewed as a necessity that can offer a health care organization a competitive advantage as well as a benefit that can be offered to potential collaboration partners. Historically, in the era of cost-plus reimbursement, health care marketing efforts were put in place for the narrow purpose of increasing the utilization of services. Today's health care leaders, however, understand that reimbursement initiatives from government programs and managed care organizations define organizational success as the ability to control the cost of providing services, and not as the ability to fill beds.

Chiou Chuang chun (2014) in this study, we used SERVQUAL model as a frame work of service quality and presented a template for health care leaders to use Lean principles. SERVQUAL model offers the organization to assess the state of its implementation In their organizations. The care receivers benefit come from a joint focus on improving the work life for care service providers and nursing home staff, improving processes to prevent systematic errors, reducing stress levels, and reducing waste so that staffs can spend more time on and focus more on patient care.

12.(https://www.researchgate.net/publication/285893392_Health_care_service_quality_A_comparison_of_public_and_private_hospitals).
13. Brahmbhatt, M., Baser, N., & Joshi, N. (2011). Importance of patient feedback in hospitals for creating a healing environment. [unpublished manuscript]
14. Sudhakar, K. F., & Rao, M. K. R. (2012). The evolving role of marketing in healthcare. [unpublished manuscript]
15. Chiou Chuang-chun (2014).

Ibarra Luis E.etal. (2004) Improvement in quality perception through development inefficiency and effectiveness when providing the service by reducing the time the patient has to wait to be attended, enhancing the attention order system according to patients condition, improving the pharmacy service and the manner patients and relatives are treated by service personnel, providing assurance, responsibility and empathy, and showing a real concern about the welfare of
patients in the emergency care unit.

Gang Nathan Dong (2015) It suggests that, when a hospital made more profit, had the capacity to finance investment using debt, paid higher wages presumably to attract more skilled nurses, quality of care would generally improve. While the pursuit of profit induces hospitals to enhance both quantity and quality of services they offer, the lack of financial strength may result in a lower standard of healthcare services, implying the importance of monitoring the quality of care among those hospitals with poor financial health.

16. https://www.researchgate.net/publication/378731440_Network_Intrusion_System_Detection_Using_Machine_and_Deep_Learning_Models_A_Comparative_Study)
17. G. Nathan Dong (GN Dong)
Title: Performing well in financial management and quality of care: evidence from hospital process measures for treatment of cardio vascular disease (or a similar title related to hospital performance)
Year: 2015 Publication: BMC Health Services Research 15 (1), 1-15

RESEARCH GAP ANALYSIS

Limited data exist on the financial health and service quality of state on hospital within Bokaro district. This lack of information hinders a comprehensive understanding of the current situation and make it difficult to identify specific area for improvement. The unique challenges faced by the hospital in Bokaro, such as resources limitations,stopping shortage, or specific service delivery issues within the district, remain clear.

STATEMENT OF PROBLEM

State owned hospitals in Jharkhand, particularly those in Bokaro districts, face a critical challenge: achieving a sustainable balance between financial performance and service quality. While financial stability is essential for maintaining operation,acquiring resources, and ensuring long term viability, an excessive focus on financial Matrix can potentially compromise the quality of care delivered to patients.

RESEARCH OBJECTIVES

Research aims to comprehensively analyze the financial performance and service quality of state-owned hospitals in Jharkhand, with a specific focus on Bokaro district.

Financial Performance

Evaluate the financial health of state-owned hospitals in Bokaro district. This will involve analyzing financial metrics like revenue streams (government funding, patient fees, etc.), expense structure (staffing costs, medication, equipment), profitability, and return on investment. Identify factors influencing financial performance. This could include factors like government funding allocation models, patient volume, service mix (types of procedures offered), operational efficiency, and potential debt level.

Examine the challenges faced by state-owned hospitals in achieving financial stability. Issues like rising healthcare costs, uncompensated care, and competition from private hospitals will be explored.

Service Quality:

Assess the current state of service quality in state-owned hospitals within Bokaro district. This will involve analyzing various aspects like patient satisfaction through surveys, clinical outcome data (mortality rates, readmission rates), adherence to safety protocols, and accreditation standards. Identify the unique challenges faced by state-owned hospitals in maintaining high service quality. This could include limitations in resources (equipment, medications), staffing shortages, and potential pressure to prioritize financial goals over patient needs. Analyze the impact of service quality on patient outcomes, public perception, and the hospital's ability to attract and retain patients.

The Interplay:

Investigate the relationship between financial performance and service quality in Bokaro's state-owned hospitals. This will involve analyzing if and how financial health translates to better service delivery and vice versa.

Identify potential trade-offs between financial goals and service quality objectives. The research will explore how focusing on financial metrics might impact service quality and vice versa.

Overall Objective:

Develop recommendations for improving the financial performance and service quality of state-owned hospitals in Bokaro district, Jharkhand. Based on the findings, the research will propose strategies for achieving a sustainable balance between financial viability and high-quality patient care. By achieving these objectives, this case study will provide valuable insights into the specific situation of state-owned hospitals in Bokaro, Jharkhand. The recommendations derived from the research can be used to inform policy decisions and guide improvement efforts within the district's healthcare system.

SIGNIFICANCE OF STUDY

The study of financial performance and service quality in state-owned hospitals of Jharkhand, with a specific focus on Bokaro district, holds significance for several reasons:

Improved Healthcare Delivery:

By understanding the relationship between financial health and service quality, the research can identify areas for improvement in state-owned hospitals within Bokaro. This can lead to strategies that ensure both financial stability and high-quality patient care. The research might uncover specific challenges faced by hospitals in Bokaro, such as resource limitations or staffing shortages. Addressing these issues can directly improve service delivery for patients in the district.

Informed Policy Decisions:

The findings of the research can inform policymakers in Jharkhand about the impact of current healthcare funding models and resource allocation strategies on the financial performance and service quality of state-owned hospitals.This knowledge can guide the development of more effective policies that support financial sustainability while prioritizing high-quality care for citizens.

Benchmarking and Best Practices:

The research can establish baseline data on financial performance and service quality in Bokaro's state-owned hospitals. This data can be used for future comparisons and to track progress over time. By analyzing the financial and service delivery practices of other successful state-owned hospitals in India, the research can identify best practices that can be adapted and implemented in Bokaro to improve outcomes.

Increased Transparency and Accountability:

The research can shed light on the financial situation of state-owned hospitals in Bokaro,promoting transparency and accountability. This can help build public trust in these institutions. By highlighting the challenges faced by hospitals due to financial constraints, the research can open up discussions about potential solutions and alternative funding models.

Contribution to National Healthcare Discourse:

This case study can contribute valuable insights to the broader national conversation about healthcare delivery in India. The findings can inform discussions about balancing financial sustainability with service quality in state-owned hospitals across the country. Overall, the significance of this study lies in its potential to improve healthcare delivery in Bokaro, Jharkhand, and contribute to a national conversation about optimizing the performance of state-owned hospitals in India. By providing valuable data, identifying challenges and opportunities, and informing policy decisions, the research can lead to a more sustainable and high-quality healthcare system for all.

LIMITATIONOF STUDY

Data limitations specific to Bokaro:

Lack of district-level data: Financial and service quality data for Bokaro might be limited or unavailable. Researchers might rely on estimates or aggregated data for the entire Jharkhand state, making it difficult to isolate Bokaro's specific performance.

Data quality issues: Data collected at the Bokaro district level might be inconsistent or unreliable due to a lack of standardized reporting or limitations in data collection methods within the district administration.

Challenges in measuring service quality:

Subjectivity of service quality: Perceptions of service quality can vary among citizens. Studies might use surveys or other methods to measure service quality, but these methods can be subjective and prone to bias.

Limited scope of service quality measurement: The chosen methodology might only capture certain aspects of service quality in Bokaro, potentially overlooking other important dimensions.

Financial performance considerations:

External factors influencing performance: Financial performance of Bokaro can be significantly affected by policies implemented by the Jharkhand state government or the central government. Isolating the impact of Bokaro's own policies on financial health can be difficult.

Difficulty attributing service quality impact: Studies might struggle to directly connect changes in service quality to financial performance. Other factors like economic conditions or national policies might also influence Bokaro's financial standing. Here are some potential limitations of studies on the financial performance and service quality of state-owned districts in Jharkhand, with a focus on Bokaro.

Focus on Bokaro:

Generalizability: Findings from Bokaro might not be representative of other districts in Jharkhand. Each district has its own economic base, demo graphics, and administrative setup. Factors influencing Bokaro's performance might not be as relevant in other contexts.

External factors:

State and Central Government policies: Financial performance of Bokaro might be significantly affected by policies implemented by the Jharkhand state government or the central government. These external factors might not be adequately.

HYPOTHESIS OF STUDY

1. H0 : The financial performance of the state owned hospitals of Bokaro district is not as per with the state owned hospitals of Jharkhand

2. H0 : The service quality rendered by state owned hospitals of Bokaro district is comprehensively poor in comparison to state owned hospitals of Jharkhand

RESEARCH METHODOLOGY

Methodology of studies is constantly critical for any have a look at, because it shape sand directs the work. Further it displays the quality, credibility, consistency, objectivity, comprehensiveness and universality of the studies work. The research will adopt a mixed method approach combining quantitative and quantitative method the quantitative analysis will involved collecting financial data from state on distinct hospital in Bokaro district including revenue, expenses profitability and efficiency ratio. Quality data will be collected through interviews with hospital administrator health care provider and patients. This will provide the factors influencing financial performance and service quality in state owned Bokaro district hospitals This phase in corporate 4 sub sections; Research Design, Population and Sample, Tools and Techniques, Procedure of Data Collection.

Research Design: The study being undertaken is Descriptive in nature. Descriptive studies try to explain in element the connection among numerous components of a studies problem. The most important purpose of this studies layout is to explain the situation because it exists at present. While reading the studies problem, a systematic technique may be followed. The Descriptive studies layout has been decided on due to the fact it may be honestly described anything measured and might locate techniques for measuring it. Since the primary goal is to achieve entire and correct information, The process for use may be cautiously planned. This studies layout will Make sufficient provision for safety in opposition to bias and maximize reliability.

Population and Sample:

Population: all data in any area of study is a "Population. “Patients and physicians working in state-Owned hospitals in the state of Jharkhand make up the study's population. The most crucial aspect of the research process is sampling. It can be described as the selection of a portion of an aggregate or totality from which an assessment or deduction regarding the aggregate or totality is derived. The study will include a sample of patience health care provider and hospital administrator from the Bokaro district hospital.

Sampling Unit: The doctors and patients of the divisional state-owned hospitals (civil hospitals) would be the sample unit for this study.

Sample Size: The sample size was chosen in such a way as to provide a genuine image and be sufficient to reflect the entire population. There will only be 400 patients and 100 doctors from state-owned hospitals in the total sample size.

Sampling design: This describes the process that should be used to select the responders. In this instance, stratified sampling will be employed based on the type of data needed for the study. Concerning Grants and donations from the World Health Organization, the Government of India,and the Government of Jharkhand will be taken into account for calculating capital receipts. Additionally, capital expenditures will cover the strengthening of OPDs, beds, services, and infrastructure in state-owned hospitals.

Tools and Techniques: The SERVQUAL model will be utilized to evaluate the quality in state-owned hospitals, and the questionnaire will address the five aspects of service quality—that is, assurance,responsiveness, empathy, tangibility, and reliability. The questionnaire will be designed to meet the goals that prioritize the quality of services provided by hospitals and state-owned enterprises. There will be two sections to the questionnaire. Patients' expectations, or what they anticipate from the hospitals, will be covered in the first portion. Patients' perceptions (experiences) with their hospitals will be covered in the second section. Points of 5, 4, 3, 2, 1 are allocated to strongly agree to strongly disagree on a five-point scale. Numerous statistical tools and methodologies will be used in this investigation.

Data collection Methods : The researcher should consider two categories of data when choosing a data gathering strategy: primary and secondary. Primary data gathered via questionnaires will be used in this investigation. Additionally, use data will be accessible on web-portals as well as from additional published work sources.

Questionnaire Method : Primary data are those that were initially gathered for a study. Such information has a unique quality. The most significant and often used approach is the questionnaire method. The questionnaire method will be used to gather the primary data for this research project. A great deal of effort will be made to ensure that the questions are drafted in a logical manner and without ambiguity during the preparation process

CONSEQUENCESOF PROBLEM

The lack of clear balance between financial performance and service quality can lead to:

Compromised patient care: you focus on financial goals might lead to cuts in the service or staffing , ultimately impacting patient outcomes.

In sufficient resource allocation: without a clear understanding of financial health, resource allocation design might not be optimized, potentially leading two waste or inadequate investment in essential areas.

The planning public trust: is service quality suffers due to financial constraints, public trust in state on hospital can Deteriorate.

JUSTIFICATION OF RESEARCH

Addressing this critical gap in knowledge is essential for improving healthcare delivery Bokaro and Jharkhand as a whole. By investigating the interplay between financial performance and service quality, this research will provide valuable insights to policy maker and hospital administrators. This will allow them to develop effective strategies to achieve a sustainable balance, insuring both financial viability and high-quality patient care for the citizen of Bokaro and Jharkhand.

TENTATIVE CHAPTERIZATION

Chapter I: Introduction

Chapter II: Financial Performance and service quality of hospital of Jharkhand

Chapter III: Financial Performance of hospital of Bokaro district

Chapter IV: Service Quality of hospital of Bokaro District

Chapter V: Hypothesis test and discussion

Chapter VI: Finding suggestions and recommendations

Muskan Kumari
Research Scholar

Dr. K.A.N Shahdeo
Supervisor